

# REIMBURSEMENTS

Please circle one of the following:

|                             |   |
|-----------------------------|---|
| <b>Check Request</b>        | Reimbursement for supplies, postage, copying, meeting expenses, etc.                                  |
| <b>Travel Advance</b>       | Request for funds prior to travel.<br>(NOTE: Funds should be requested two weeks prior to departure.) |
| <b>Clear Travel Advance</b> | Justify travel advance and/or airfare.  |
| <b>Travel Report</b>        | Reimbursement for foreign or domestic travel.<br>(Travel Expense Report must be included.)            |

Please fill out this form completely to ensure prompt return of your reimbursement.  
**ORIGINAL RECEIPTS MUST BE ATTACHED.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Social Security/BU ID Number: \_\_\_\_\_

Home address (only if this is the destination of your check): \_\_\_\_\_

\_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account to be charged: \_\_\_\_\_

Details of expense (please provide a complete explanation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Travel Information:

Dates of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of travel: \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
(If required):